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DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and joint inventor of the subject matter, which is claimed and for which a patent is sought on the invention entitled: **SYSTEM AND METHOD FOR SEAMLESS ACCESS TO MULTIPLE DATA SOURCES**

the specification of which:

X is attached hereto.

___ was filed on ___ as Application Serial No. ___ and was amended on ___ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

<u>Number</u>	<u>Country</u>	<u>Filing Date</u>	<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby claim the benefit under Title 35 United States Code, Section 120 of any United States Application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 11. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Sections 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>Application Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
_____	_____	_____

And I hereby appoint: **William L. Botjer; Reg. No.27, 990; PO Box 478, Center Moriches NY 11934** my attorney with full power of substitution and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, to transact all business in the Patent and Trademark Office connected therewith and to file any International Applications which are based thereon under the provisions of the Patent Cooperation Treaty.

DOCKET NO. SLX-001

Please address all communications, and direct all telephone calls, regarding this application to: **William L. Botjer; Reg. No.27, 990; PO Box 478, Center Moriches NY 11934, (212) 737-5728 or (631) 874-4826.**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

1) Full name of Inventor: **DINENDRA V. JOSHI**

Inventor's signature: _____ Date: _____

Citizenship: **INDIA**

Residence: **CALIFORNIA, USA**

Post Office Address: **900 LAFAYETTE STREET, #700, SANTA CLARA, CA 95050**

2) Full name of Inventor: **PADMAJA P. DASARI**

Inventor's signature: _____ Date: _____

Citizenship: **INDIA**

Residence: **CALIFORNIA, USA**

Post Office Address: **900 LAFAYETTE STREET, #700, SANTA CLARA, CA 95050**

3) Full name of Inventor: **ASHUTOSH R. PATIL**

Inventor's signature: _____ Date: _____

Citizenship: **INDIA**

Residence: **CALIFORNIA, USA**

Post Office Address: **900 LAFAYETTE STREET, #700, SANTA CLARA, CA 95050**

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Inventor's signature: _____ Date: _____
Citizenship: **INDIA**
Residence: **CALIFORNIA, USA**
Post Office Address: **900 LAFAYETTE STREET, #700, SANTA CLARA, CA 95050**

2) Full name of Inventor: **PADMAJA P. DASARI**

Inventor's signature:  _____ Date: _____
Citizenship: **INDIA**
Residence: **CALIFORNIA, USA**
Post Office Address: **900 LAFAYETTE STREET, #700, SANTA CLARA, CA 95050**

3) Full name of Inventor: **ASHUTOSH R. PATIL**

Inventor's signature: _____ Date: _____
Citizenship: **INDIA**
Residence: **CALIFORNIA, USA**
Post Office Address: **900 LAFAYETTE STREET, #700, SANTA CLARA, CA 95050**

DOCKET NO. SI X-001

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<u>Number</u>	<u>Country</u>	<u>Filing Date</u>	<u>Yes</u>	<u>No</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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Inventor's signature: _____ Date: _____

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Residence: **CALIFORNIA, USA**

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Inventor's signature: _____ Date: _____

Citizenship: **INDIA**

Residence: **CALIFORNIA, USA**

Post Office Address: **900 LAFAYETTE STREET, #700, SANTA CLARA, CA 95050**

3) Full name of Inventor: **ASHUTOSH R. PATIL**

Inventor's signature:  _____ Date: **03/09/04**

Citizenship: **INDIA**

Residence: **CALIFORNIA, USA**

Post Office Address: **900 LAFAYETTE STREET, #700, SANTA CLARA, CA 95050**